24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) Jobs Opportunity and Freedom Political Action Committee - JOFPAC C	C IDENTIFICATION NUMBER ▼ C00510701
Check If 24-hour report	/ D D / Y T Y T Y
Full Name (Last, First, Middle Initial) of Payee Gilliard Blanning & Associates, Inc. Mailing Address 5701 Lonetree Boulevard	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 301 Amount	
City State Zip Code Rocklin CA 95765-3796 Transaction	3500
Purpose of Expenditure Appearance on Slate Mailer Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	House State: CA Senate District: 52 President
Brian Bilbray Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo	or: Primary General (specify)
Full Name (Last, First, Middle Initial) of Payee Date	1 / D D / Y Y Y Y
Mailing Address Amount	
City State Zip Code	7.1.7.1.7.1
Purpose of Expenditure Category/ Type Office Sought:	House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	President Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo	or: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7.1.7.1.7.1
(c) TOTAL Independent Expenditures	3500.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Kelly Lawler [Electronically Filed] Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date)9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y